



City of El Cajon
Building and Fire Safety Division
200 Civic Center Way
El Cajon, CA 92020
Phone: 441-1726

RE-ROOFING APPLICATION Climate Zone 10

The following information shall be provided for city review and approval
prior to issuance of a building permit for Roof Replacement or Roof Recover:

1. Street address: _____ Zip: _____
2. Roof Slope: Rise _____ inches in 12 inches. **(2:12 – 4:12 requires 2 layers underlayment)**
3. Type of existing roof: _____
4. Is there more than one existing roof covering? Yes _____ No _____
5. Will existing roof be removed?: Yes _____ No _____
6. Is a Photovoltaic System being removed & reinstalled? Yes _____ No _____
If "Yes" submit plans and obtain separate permit for PV re-installation. Final reroof inspection
may be requested after PV permit is issued.
7. Number of Squares _____
8. Description/Type of new roof: _____
Very High Fire Hazard requires Class A. other areas min. Class C, **(No Wood Shingles)**
9. If tile roof, provide ICC ESR #: _____ Weight per square foot: _____
10. If tile roof exceeds 5.9 pounds per square foot, engineering calculations required.
11. New or Additional Roof Ventilation being added? Yes _____ No _____

Minimum nailing is 6" O.C. Edge Nailing, 12" O.C. Field Nailing, 6" O.C. Boundary Nailing

I certify that all information on this form is true and correct.

I understand a tear-off/inspection of the roof is required before the new roof covering is
applied.

I agree to perform all work in accordance with California Building Code requirements.

SIGNATURE (OWNER/CONTRACTOR)

PERMIT NUMBER

DATE

PRINT NAME

PHONE NUMBER

CONTRACTOR'S FIRM NAME

STATE LICENSE NUMBER